AF 3752
216

Approved for use through 7/31/2003. OMB 0651-0031

PTO/SB/31 (06-03)

NOTICE OF APPEAL FROM THE EXAMINER TO THE
BOARD OF PATENT APPEALS AND INTERFERENCESDocket Number
029627.00006

I hereby certify that this correspondence is being
deposited with the United States Postal Service with
sufficient postage as first class mail in an envelope
addressed to the: Commissioner for Patents, P.O. Box
1450, Alexandria, Virginia 22313-1450

on May 30, 2006

Signature

Typed or

Printed Name Martin G. Linihan

In re Application of Alan L. Everett

Application Number 09/761,624

Filed January 17, 2001

For Precision Dispensing Tip And Method

Group Art Unit 3752Examiner C.S. Kim

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 1.17(b))

\$ 500

- Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ 250
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.
- The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 08-2442. I have enclosed a duplicate copy of this sheet.
- A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

- applicant/inventor
- assignee of record of the entire interest.
(See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
- attorney or agent of record.
Registration number 24,926
- attorney or agent acting under 37 CFR 1.34(a)
Registration number if acting under 37 CFR 1.34(a)._____

Signature

Martin G. Linihan

Typed or printed name

716-848-1367

Telephone Number

May 30, 2006

Date

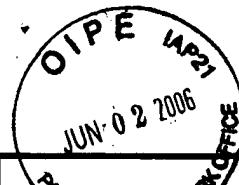
NOTE: Signatures of all the inventors of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required.

Total of _____ forms are submitted.

1555134

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Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

FEE TRANSMITTAL For FY 2006

■ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$250.00)

<i>Complete if Known</i>	
Application Number	09/761,624
Filing Date	January 17, 2001
First Named Inventor	Alan L. Everett
Examiner Name	C.S. Kim
Art Unit	3752
Attorney Docket No.	029627.00006

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

■ Deposit Account Deposit Account Number: 08-2442 Deposit Account Name: Hodgson Russ LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

■ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
 under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

<u>Small Entity</u>	
<u>Fee (\$)</u>	<u>Fee (\$)</u>

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims

Extra Claims Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

-20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims

Extra Claims Fee (\$)

Fee Paid (\$)

-3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically file sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

Fees Paid (\$)

4. OTHER FEE(S)

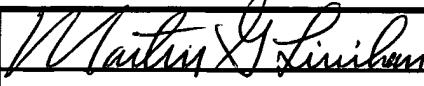
Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (i.e., late filing surcharge): Notice of Appeal

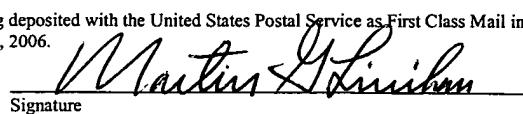
\$250.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 24,926	Telephone 716-856-4000
Name (Print/Type)	Martin G. Linihan		Date May 30, 2006

I hereby Certify that this Correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on May 30, 2006.

Martin G. Linihan
Name


Signature

May 30, 2006
Date of Signature